

JASPER MIDDLE SCHOOL

MEDICAL RESTRICTION FROM PHYSICAL EDUCATION

NAME _____ Date _____

DEAR DOCTOR: Will you please help us to place this student properly by filling in the form below?

ACTIVITIES (Cross out activities not considered appropriate for this student.)

Warm up exercises-stretching exercises, sit-ups, push-ups, 5 laps around gym.

- | | |
|--------------|---------------------|
| archery | jog/walk |
| basketball | soccer |
| baseball | tennis |
| bike riding | track |
| bowling | weight conditioning |
| floor hockey | wrestling |
| football | volleyball |
| golf | kickball |
| ping pong | badminton |
| shuffleboard | rope climbing |
| shuttle run | |

Track & Field events-laps around field, hurdles, shot put, discus, long and high jump.

REASON FOR RESTRICTION _____

LENGTH OF RESTRICTIONS _____

OTHER SUGGESTED ACTIVITIES _____

MD PRINTED NAME

MD SIGNATURE

MD PHONE NUMBER

DATE

PARENT/GUARDIAN SIGNATURE

DATE